

Foster Family Home - Corrective Action Report

Provider ID: 2-559990

Home Name: Ligaya Fernandez, CNA

Review ID: 2-559990-4

28-2877 Maukaloa Street

Reviewer: Carol Copeland

Pepeekeo

HI 96783

Begin Date: 10/4/2017

End Date: 10-13-17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for two year recertification for two clients.

Carol Copeland RN MSW
Compliance Manager

Ligaya Fernandez
Primary Care Giver

10-4-17
Date

10/3/2017
Date